

**WAIMANALO WATERSHED RESTORATION PROJECT**  
**Application for Financial Assistance**

Application Date: \_\_\_\_\_

Name:	Farm / Business Name:
Mailing Address:	Property Address:
Telephone: Cell Phone:	Email:
Location (Legal Description or TMK Number):	

**1. THIS APPLICATION IS FOR AN (check one):**

Individual

Entity (Corporation, Limited Partnership, Trust, Estate, etc.). Please enter entity's name and tax identification number:

Name: \_\_\_\_\_ Tax Number: \_\_\_\_\_

Joint Operation (General Partnership, Joint Venture). Please enter operation's name and tax identification number:

Name: \_\_\_\_\_ Tax Number: \_\_\_\_\_

*Be prepared to show documentation that allows you to sign or commit on behalf of the entity/ operation.*

**2. OWNERSHIP OF THE LAND IS HELD BY:**

Myself

State Government: DOA \_\_\_\_\_ DLNR \_\_\_\_\_ DHHL \_\_\_\_\_

Other: \_\_\_\_\_

**3. PROOF THAT I CONTROL THE LAND:**

Deed or other evidence of land ownership

Written lease agreement through \_\_\_\_\_ (year)

Other agreement or legal conveyance through \_\_\_\_\_ (year)

*Be prepared to show a copy of the agreement proving control of the land.*

(over)

**4. FARM INFORMATION:**

Size of farm in acres \_\_\_\_\_

Indicate the type(s) of operation

\_\_\_\_ Vegetables

\_\_\_\_ Cut flowers

\_\_\_\_ Nursery / Landscaping

\_\_\_\_ Livestock / Horses

\_\_\_\_ Other (*please list*): \_\_\_\_\_

**5. CONSERVATION PRACTICE INFORMATION:**

I have a Conservation Plan with the Windward Oahu Soil and Watershed Conservation District (check one): Yes \_\_\_\_\_ No \_\_\_\_\_

The following resource concerns are present on my farm:  
(*list any water bodies, erosion or flooding areas, etc.*)

I am interested in the following conservation practices:

I agree to participate in the Waimanalo Watershed Restoration Project if my application for financial assistance is accepted by the O'ahu Resource Conservation & Development Council. I will allow access to my farm to complete a Conservation Plan and determine appropriate conservation practices. I will refrain from starting any ground work or installing any practices until I have a signed contract and a completed design.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Return application to:

Jean Brokish  
O'ahu RC&D  
99-193 Aiea Heights Dr. Ste 111  
Aiea, HI 96701

email: [jean.brokish@oahurcd.org](mailto:jean.brokish@oahurcd.org)  
fax: 483-8619